

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
KANSAS 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Kansas Data Comments
Diagnosis Codes: Diagnosis coding on claims was relatively complete, but some Kansas OT claims included “local” diagnosis codes that were not defined in the data. The use of non-standard codes might lead to over- or under-identification of mental health beneficiaries.
Foster Care: According to MSIS (MAX) documentation, foster care was under-reported in 1999, possibly by as much as 50 percent.
Managed Care: Kansas may have over-reported managed care enrollment in 1999, as MAX data show HMO enrollment about 25 percent higher than reported elsewhere by the state.
Inpatient Days: Kansas’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “1” day in length, and explains the other low numbers that appear for some groups on Table 4.

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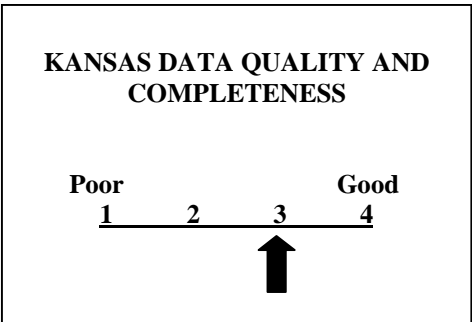
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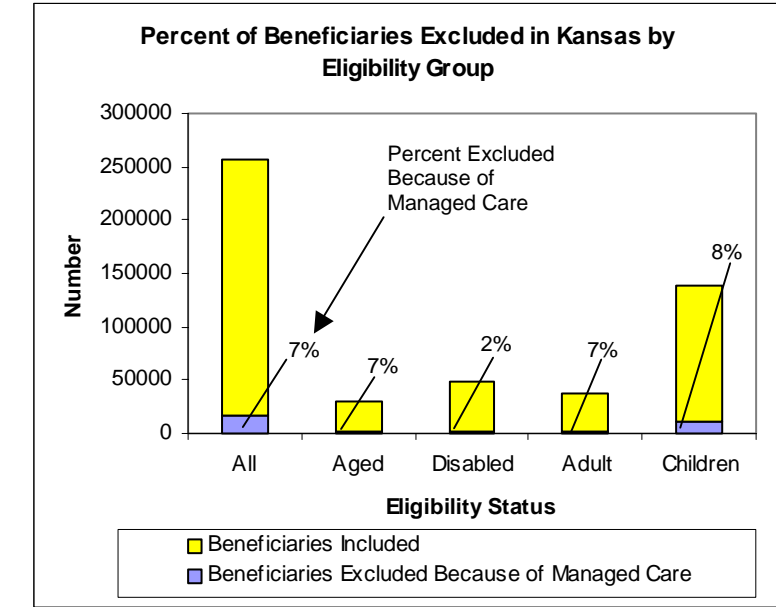
KANSAS DATA QUALITY AND COMPLETENESS

A horizontal scale with four points labeled 1, 2, 3, and 4. Above point 1 is the word "Poor" and above point 4 is the word "Good". A large black arrow points upwards from below the scale line to the number 3.



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Kansas's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
KANSAS, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	256,690	100%	239,947	93%	\$1,119,522,575	100%	\$992,538,115	89%
Age								
0-3	47,423	18%	43,029	91%	\$66,194,360	6%	\$52,720,462	80%
4-5	17,929	7%	16,694	93%	\$12,775,017	1%	\$11,018,091	86%
6-12	49,286	19%	46,026	93%	\$52,319,074	5%	\$46,917,569	90%
13-18	32,515	13%	30,473	94%	\$71,030,809	6%	\$63,778,937	90%
19-21	10,543	4%	9,905	94%	\$37,096,358	3%	\$31,736,816	86%
22-44	45,145	18%	42,727	95%	\$278,290,103	25%	\$254,218,850	91%
45-64	21,263	8%	20,546	97%	\$224,603,351	20%	\$206,566,257	92%
65 and older	32,585	13%	30,546	94%	\$377,213,503	34%	\$325,581,133	86%
Gender								
Female	150,227	59%	140,440	93%	\$674,822,480	60%	\$594,611,946	88%
Male	106,429	41%	99,484	93%	\$444,658,793	40%	\$397,903,472	89%
Race								
White	174,382	68%	162,938	93%	\$921,904,003	82%	\$816,081,537	89%
Black	46,464	18%	43,304	93%	\$129,832,782	12%	\$116,656,964	90%
Hispanic	24,772	10%	23,367	94%	\$42,479,068	4%	\$37,307,105	88%
American Indian/Alaskan Native	3,483	1%	3,220	92%	\$8,355,512	1%	\$7,457,063	89%
Asian/Pacific Islander	2,825	1%	2,679	95%	\$6,023,492	1%	\$5,678,128	94%
Other/Unknown	4,764	2%	4,439	93%	\$10,927,718	1%	\$9,357,318	86%
Dual Status								
Aged Duals with Full Medicaid	27,569	11%	25,813	94%	\$364,963,038	33%	\$314,624,631	86%
Disabled Duals with Full Medicaid	15,772	6%	15,165	96%	\$248,107,132	22%	\$225,848,422	91%
Duals with Limited Medicaid	8,215	3%	7,803	95%	\$9,980,809	1%	\$8,935,771	90%
Other Duals	158	0%	145	92%	\$1,298,323	0%	\$1,219,421	94%
Disabled Non-Duals	27,411	11%	27,130	99%	\$272,523,836	24%	\$257,628,380	95%
All Other Non-Duals	177,565	69%	163,891	92%	\$222,649,437	20%	\$184,281,490	83%
Eligibility Group								
Aged	30,137	12%	28,169	93%	\$358,968,551	32%	\$308,477,333	86%
Disabled	49,493	19%	48,375	98%	\$542,302,329	48%	\$503,636,115	93%
Adults	37,736	15%	34,927	93%	\$61,803,479	6%	\$50,175,539	81%
Children	139,324	54%	128,476	92%	\$156,448,216	14%	\$130,249,128	83%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
KANSAS, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	239,947	32,868	14%	\$992,538,115	\$292,987,289	30%
Age						
0-3	43,029	340	1%	\$52,720,462	\$722,552	1%
4-5	16,694	892	5%	\$11,018,091	\$1,723,439	16%
6-12	46,026	6,588	14%	\$46,917,569	\$20,367,506	43%
13-18	30,473	6,701	22%	\$63,778,937	\$35,907,512	56%
19-21	9,905	970	10%	\$31,736,816	\$8,809,474	28%
22-44	42,727	9,003	21%	\$254,218,850	\$93,659,297	37%
45-64	20,546	5,117	25%	\$206,566,257	\$73,017,776	35%
65 and Older	30,546	3,257	11%	\$325,581,133	\$58,779,733	18%
Gender						
Female	140,440	17,249	12%	\$594,611,946	\$158,601,137	27%
Male	99,484	15,619	16%	\$397,903,472	\$134,386,152	34%
Race						
White	162,938	26,293	16%	\$816,081,537	\$249,038,760	31%
Black	43,304	4,551	11%	\$116,656,964	\$32,597,148	28%
Hispanic	23,367	1,174	5%	\$37,307,105	\$6,312,134	17%
American Indian/Alaskan Native	3,220	399	12%	\$7,457,063	\$2,433,628	33%
Asian/Pacific Islander	2,679	159	6%	\$5,678,128	\$975,520	17%
Other/Unknown	4,439	292	7%	\$9,357,318	\$1,630,099	17%
Dual Status						
Aged Duals with Full Medicaid	25,813	3,046	12%	\$314,624,631	\$56,793,254	18%
Disabled Duals with Full Medicaid	15,165	5,024	33%	\$225,848,422	\$83,228,185	37%
Duals with Limited Medicaid	7,803	985	13%	\$8,935,771	\$3,349,553	37%
Other Duals	145	36	25%	\$1,219,421	\$536,179	44%
Disabled Non-Duals	27,130	8,348	31%	\$257,628,380	\$96,628,644	38%
All Other Non-Duals	163,891	15,429	9%	\$184,281,490	\$52,451,474	28%
Eligibility Group						
Aged	28,169	2,960	11%	\$308,477,333	\$54,241,042	18%
Disabled	48,375	14,500	30%	\$503,636,115	\$186,681,265	37%
Adults	34,927	3,025	9%	\$50,175,539	\$8,007,000	16%
Children	128,476	12,383	10%	\$130,249,128	\$44,057,982	34%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

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Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
KANSAS, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	4,149	13%	123	1%	3,383	24%	643	20%
Major depression and affective psychoses	6,031	18%	1,312	8%	4,143	29%	576	18%
Other psychoses	1,075	3%	86	1%	385	3%	604	19%
Childhood psychoses	560	2%	445	3%	114	1%	1	0%
Neurotic & other depressive disorders	5,354	16%	1,301	8%	3,228	23%	825	25%
Personality disorders	461	1%	48	0%	373	3%	40	1%
Other mental disorders	660	2%	88	1%	277	2%	295	9%
Special symptoms or syndromes	731	2%	345	2%	333	2%	53	2%
Stress & adjustment reactions	4,828	15%	3,286	21%	1,409	10%	133	4%
Conduct disorders	2,983	9%	2,545	16%	387	3%	51	2%
Emotional disturbances	1,833	6%	1,817	12%	16	0%	0	0%
Hyperkinetic syndrome	4,159	13%	4,084	26%	72	1%	3	0%
No Diagnosis	44	0%	11	0%	0	0%	33	1%
Total	32,868	100%	15,491	100%	14,120	100%	3,257	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
KANSAS, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	18	12%	8
	4-5	0	0	1	5	1	0%	5	10	3%	4
	6-12	11	0	61	9	69	3%	8	42	2%	5
	13-18	46	0	110	9	150	6%	7	162	7%	4
	19-21	24	0	29	10	46	8%	6	147	25%	4
	22-44	0	0	506	7	506	9%	7	1,052	18%	4
	45-64	0	0	260	6	260	8%	6	694	21%	5
	65+	186	235	99	1	277	11%	158	529	22%	1
	All Ages	267	164	1,066	6	1,309	8%	39	2,654	15%	4
Male	0-3	0	0	2	6	2	1%	6	21	11%	8
	4-5	0	0	7	7	7	1%	7	11	2%	3
	6-12	38	0	179	11	205	5%	10	81	2%	7
	13-18	89	1	166	10	240	6%	7	92	2%	6
	19-21	48	14	26	7	70	18%	13	21	5%	4
	22-44	1	0	306	4	307	10%	4	286	9%	7
	45-64	0	0	131	4	131	7%	4	321	18%	6
	65+	107	224	46	0	150	18%	160	226	27%	0
	All Ages	283	87	863	7	1,112	7%	27	1,059	7%	5
Total	0-3	0	0	2	6	2	1%	6	39	11%	8
	4-5	0	0	8	6	8	1%	6	21	2%	3
	6-12	49	0	240	10	274	4%	9	123	2%	6
	13-18	135	1	276	10	390	6%	7	254	4%	5
	19-21	72	10	55	9	116	12%	10	168	17%	4
	22-44	1	0	812	6	813	9%	6	1,338	15%	5
	45-64	0	0	391	5	391	8%	5	1,015	20%	5
	65+	293	231	145	1	427	13%	159	755	23%	1
	All Ages	550	124	1,929	7	2,421	7%	33	3,713	11%	4

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
KANSAS, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	80	52%	0.09	2.20	2.29	5,994	29%	1.68
	4-5	106	34%	0.02	1.63	1.65	1,459	19%	1.41
	6-12	525	24%	0.07	1.52	1.58	2,825	14%	1.34
	13-18	880	36%	0.20	1.73	1.93	2,391	18%	1.51
	19-21	293	50%	0.31	2.41	2.72	1,880	24%	1.67
	22-44	2,766	48%	0.36	2.86	3.22	6,041	24%	1.90
	45-64	1,443	43%	0.26	2.43	2.69	2,449	28%	2.11
	65+	597	25%	0.14	1.66	1.80	2,759	14%	1.61
	All Ages	6,690	39%	0.26	2.36	2.62	25,798	21%	1.69
Male	0-3	86	46%	0.07	2.06	2.13	6,758	31%	1.76
	4-5	182	31%	0.02	1.55	1.57	1,661	21%	1.49
	6-12	1,114	25%	0.06	1.47	1.53	2,824	15%	1.33
	13-18	1,087	26%	0.13	1.52	1.65	1,639	15%	1.33
	19-21	124	32%	0.40	2.24	2.65	208	17%	1.66
	22-44	1,152	36%	0.47	2.16	2.64	1,983	22%	1.99
	45-64	578	33%	0.31	2.26	2.57	1,499	23%	2.09
	65+	240	29%	0.20	2.03	2.23	961	14%	1.69
	All Ages	4,563	29%	0.23	1.82	2.05	17,533	21%	1.68
Total	0-3	166	49%	0.08	2.13	2.20	12,752	30%	1.72
	4-5	288	32%	0.02	1.58	1.60	3,120	20%	1.45
	6-12	1,639	25%	0.06	1.49	1.55	5,649	14%	1.34
	13-18	1,967	29%	0.16	1.62	1.77	4,030	17%	1.43
	19-21	417	43%	0.34	2.36	2.70	2,088	23%	1.67
	22-44	3,918	44%	0.39	2.65	3.05	8,024	24%	1.93
	45-64	2,021	40%	0.28	2.38	2.66	3,948	26%	2.10
	65+	837	26%	0.16	1.77	1.92	3,720	14%	1.63
	All Ages	11,253	34%	0.25	2.14	2.39	43,331	21%	1.69

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
KANSAS, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	1,383	3%	63	19%	1,320	3%
4-5	892	5%	356	40%	536	3%
6-12	6,185	13%	4,177	63%	2,008	5%
13-18	5,394	18%	3,675	55%	1,719	7%
19-21	1,158	12%	517	53%	641	7%
22-44	12,200	29%	6,977	78%	5,223	15%
45-64	9,278	45%	4,318	84%	4,960	32%
65+	13,465	44%	2,665	82%	10,800	40%
All Ages	49,955	21%	22,748	69%	27,207	13%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
KANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	123	52%	77%	15%	12%	8%	57%	7%
Major depression and affective psychoses	1,312	62%	31%	17%	11%	13%	40%	15%
Other psychoses	86	37%	66%	16%	9%	14%	49%	8%
Childhood psychoses	445	33%	29%	14%	4%	25%	30%	21%
Neurotic & other depressive disorders	1,301	48%	12%	9%	2%	11%	20%	30%
Personality disorders	48	33%	17%	8%	6%	8%	21%	23%
Other mental disorders	88	17%	14%	6%	2%	7%	11%	56%
Special symptoms or syndromes	345	24%	6%	7%	0%	7%	8%	54%
Stress & adjustment reactions	3,286	21%	8%	7%	1%	13%	13%	43%
Conduct disorders	2,545	25%	16%	8%	3%	22%	20%	35%
Emotional disturbances	1,817	29%	16%	7%	2%	25%	23%	35%
Hyperkinetic syndrome	4,084	31%	15%	8%	2%	75%	34%	9%
No Diagnosis	11	0%	0%	0%	0%	0%	0%	0%
Total	15,491	32%	16%	9%	3%	32%	25%	43%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
KANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	3,383	47%	88%	30%	10%	1%	60%	3%
Major depression and affective psychoses	4,143	73%	42%	34%	13%	2%	54%	9%
Other psychoses	385	43%	68%	21%	2%	0%	44%	12%
Childhood psychoses	114	42%	48%	21%	5%	3%	39%	11%
Neurotic & other depressive disorders	3,228	69%	18%	28%	2%	1%	33%	16%
Personality disorders	373	51%	32%	30%	6%	1%	38%	24%
Other mental disorders	277	40%	43%	27%	5%	1%	35%	27%
Special symptoms or syndromes	333	53%	16%	23%	1%	1%	25%	27%
Stress & adjustment reactions	1,409	51%	17%	21%	2%	2%	26%	29%
Conduct disorders	387	44%	49%	21%	7%	2%	35%	16%
Emotional disturbances	16	38%	44%	6%	13%	0%	38%	25%
Hyperkinetic syndrome	72	46%	26%	19%	1%	39%	35%	14%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	14,120	60%	45%	29%	8%	2%	45%	20%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
KANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	643	42%	89%	35%	4%	2%	60%	5%
Major depression and affective psychoses	576	77%	57%	39%	10%	5%	65%	5%
Other psychoses	604	46%	48%	24%	1%	1%	40%	27%
Childhood psychoses	1	0%	0%	100%	0%	0%	0%	0%
Neurotic & other depressive disorders	825	71%	32%	34%	1%	2%	44%	14%
Personality disorders	40	63%	65%	38%	0%	3%	63%	10%
Other mental disorders	295	38%	39%	20%	0%	1%	32%	34%
Special symptoms or syndromes	53	58%	42%	23%	0%	0%	36%	21%
Stress & adjustment reactions	133	70%	36%	30%	0%	2%	44%	14%
Conduct disorders	51	55%	69%	24%	2%	0%	49%	10%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	3	0%	67%	33%	0%	0%	33%	33%
No Diagnosis	33	45%	67%	27%	3%	0%	42%	12%
Total	3,257	58%	53%	32%	3%	2%	49%	18%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).